

1 FDCAN 688

(Attach additional sheets if necessary.)

**FILE**

JAN 12 2004

DEAN HELLER  
SECRETARY OF STATE

NAME Lovetta June Dement LENGTH OF RESIDENCE IN NEVADA 16 years  
MAILING ADDRESS PO Box 585 LENGTH OF RESIDENCE IN DISTRICT WHERE REGISTERED TO  
CITY, STATE, ZIP Hawthorne NV 89415 VOTE 16 years  
TELEPHONE 775-945-1351 NRS 281.571(1)(a)

<b>ANNUAL</b>	<b>CANDIDATE</b>	<b>APPOINTMENT</b>
all elected and appointed public officers (no later than Jan. 15 each year)	(no later than the 10 <sup>th</sup> day after the last day to qualify as a candidate)	to fill unexpired term of an elected or appointed public officer (within 30 days)
NRS 281.559(1)(b) 281.561(1)(b)	NRS 281.561(1)(a)	NRS 281.559(1)(a)
S 2003 <input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Self	Household Member
State Farm Insurance	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Kenecotte Jacobs Ranch Mine	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>

	Self	Household Member
1. I have a good understanding of the risks of COVID-19	<input type="checkbox"/>	<input type="checkbox"/>
2. I have a good understanding of the symptoms of COVID-19	<input type="checkbox"/>	<input type="checkbox"/>
3. I have a good understanding of how COVID-19 is spread	<input type="checkbox"/>	<input type="checkbox"/>
4. I have a good understanding of how to prevent COVID-19	<input type="checkbox"/>	<input type="checkbox"/>
5. I have a good understanding of what to do if I think I have COVID-19	<input type="checkbox"/>	<input type="checkbox"/>

List each business entity (i.e., organization or enterprise operated for economic gain, including a proprietorship, partnership, firm, business, trust joint venture, syndicate, corporation or association) with which you or a member of your household is involved as a trustee, beneficiary of a trust, director, officer, owner in whole or in part, limited or general partner, or holder of a class of stock or security representing 1% or more of the total outstanding stock or securities issued by the business entity [NRS 281.571, Subsection 1(f)]:

	Self	Household Member
N/A	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>

List specific location and particular use of all real estate (other than personal residence): (1) in which you or a member of your household has a legal or beneficial interest; (2) the fair market value of which is \$2,500 or more; and (3) located in this state or an adjacent state [NRS 281.571, Subsection 1(c)]:

Specific Location	Particular Use
N/A	

List the identity of donor and value of each gift of all gifts received in excess of an aggregate value of \$200 from a donor during the preceding taxable year [except (1) a gift received from a person who is related to you within the third degree of consanguinity or affinity; and (2) ceremonial gifts received for a birthday, wedding, anniversary, holiday or other ceremonial occasion if the donor does not have a substantial interest in your legislative, administrative, judicial or political action] [NRS 281.571, Subsection 1(e)]:

Donor	Value of Gift
N/A	\$
	\$
	\$
	\$
	\$

THE INFORMATION I HAVE PROVIDED HEREIN IS ACCURATE AND COMPLETE.

Date: 1-7-04 Signature: Levett June Rement